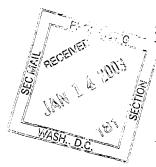
FORM D



SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION OMB APPROVAL

OMB Number: 3235 0076 Expires: May 31,2003 Estimated average burden

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SEC USE ONLY Prefix Serial

DATE RECIEVED

Name of Offering (check if this is an amendment and name i	ias changed, and indicate change	:.)	
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule Type of Filing: X New Filing ☐ Amendment	505 X Rule 506 □ Section 4(6	6) 🗆 ULOE	
A. Ba	ASIC IDENTIFICATION DAT	TA.	
Enter the information requested about the issuer			03000582
Name of Issuer (☐ check if this is an amendment and name has WPCS International Incorporated	changed, and indicate change.)		
Address of Executive Offices (Number and S 140 South Village Avenue, Suite 20, Exton PA 19341	Street, City, State, Zip Code)	Telephone Number (Including 610-903-0400	Area Code)
Address of Principal Business Operations (Number and S (if different from Executive Offices)	Street, City, State, Zip Code)	Telephone Number (Including	Area Code)
Brief Description of Business Fixed wireless communications.			,
Type of Business Organization X corporation □ limited partnership already formed □ business trust □ limited partnership, to be formed	other (please specify	y): Limited Liability Company	PROCESSED
	Month Year		JAN 1 6 2003
Actual or Estimated Date of Incorporation or Organization:	1 2 9 7	X Actual Estimated	THOMSON FINANCIAL
1 5 \	er U.S. Postal Service abbreviati i; FN for other foreign jurisdiction		
GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance of the control of the co	_		
When To File: A notice must be filed no later than 15 days after the first sa (SEC) on the earlier of the date it is received by the SEC at the address girls.			

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

States registered or certified mail to that address.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA
 2. Enter the information requested for the following: □ Each promoter of the issuer, if the issuer has been organized within the past five years; □ Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, I0% or more of a class of equity securities of the issuer; □ Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and □ Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter X Beneficial Owner X Executive Officer XDirector General and/or Managing Partner
Full Name (Last name first, if individual) Andrew Hidalgo
Business or Residence Address (Number and Street, City, State, Zip Code) c/o WPCS International Incorporated, 140 South Village Avenue, Suite 20, Exton PA 19341
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer X Director General and/or Managing Partner
Full Name (Last name first, if individual) Norm Dumbroff
Business or Residence Address (Number and Street, City, State, Zip Code) c/o WPCS International Incorporated, 140 South Village Avenue, Suite 20, Exton PA 1934
Check Box(es) that Apply: □Promoter □Beneficial Owner □Executive Officer X Director □General and/or Managing Partner
Full Name (Last name first, if individual) Neil Hebenton
Business or Residence Address (Number and Street, City, State, Zip Code) c/o WPCS International Incorporated, 140 South Village Avenue, Suite 20, Exton PA 1934
Check Box(es) that Apply: □ Promoter □ Beneficial Owner X Executive Officer □ Director □ General and/or Managing Partner
Full Name (Last name first, if individual) Donald R. Walker
Business or Residence Address (Number and Street, City, State, Zip Code) c/o WPCS International Incorporated, 140 South Village Avenue, Suite 20, Exton PA 1934
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer X Director General and/or Managing Partner
Full Name (Last name first, if individual) Gary C. Walker
Business or Residence Address (Number and Street, City, State, Zip Code) c/o WPCS International Incorporated, 140 South Village Avenue, Suite 20, Exton PA 1934
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer XDirector General and/or Managing Partner
Full Name (Last name first, if individual) William Whitehead
Business or Residence Address (Number and Street, City, State, Zip Code) c/o WPCS International Incorporated, 140 South Village Avenue, Suite 20, Exton PA 1934
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

B. INFORMATION ABOUT OFFERING	
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.	Yes <u>X</u> No
2. What is the minimum investment that will be accepted from any individual?	\$ N/A
3. Does the offering permit joint ownership of a single unit?	X Yes No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.	
Full Name (Last name first, if individual) None	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer:	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA]X [CO] [CT] [DE] [DC] [FL] [GA] [HI] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MT] [NE] [NV] [NH] [NI] [NM] [NY] [NC] [ND] [OH] [OK]	
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] Full Name (Last name first, if individual)	[PR]
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchange.		
	Type of Securities	Aggregate Offering Price	Amount Already Sold
	Debt		
	Equity	Stock exchange	Stock exchange
	X Common □Preferred		
	Convertible Securities (including warrants)		
	Partnership Interests		
	Other (Specify)		
	Total	Stock exchange	Stock exchange
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	5	Stock exchange
	Non-accredited Investors	0	0
	Total (for filings under Rule 504 only		
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question I.	Type of Security	Dollar Amount Sold
	Type of offering		
	Rule 505		
	Regulation A		
	Rule 504		-
	Total		4
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of he issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and checkthe left of the estimate.		
	Transfer Agent's Fees		
	Printing and Engraving Costs		
	Legal Fees	X	\$12,000
	Accounting Fees.		
	Engineering Fees.		
	Sales Commissions (specify finders' fees separately)		
	Other Expenses (identify):	Ö	
	Total		\$12,000

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE C	OF PF	COCEEDS		
	b. Enter the difference between the aggregate offering price given in response to Part C - Question I and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		N/A		
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each to purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the lof the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth response to Part C - Question 4.b above.	left	٠		
			Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees				
	Assignment of Lease				
	Purchase, rental or leasing and installation of machinery and equipment				
	Construction or leasing of plant buildings and facilities				
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another Issuer pursuant to a merger).		·		
	Site Development and Coordination				
	Working capital				
	Other (specify):				
	Column Totals		~		
	Total Payments Listed (column totals added)				
	D. FEDERAL SIGNATURE				
СО	ne issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice onstitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written e issuer to any non-accredited investor pursuant to paragraph (b)(2) of Mile 5027				
	Suer (Print or Type): PCS International Incorporated Signature Da	ate	1/10/200.	3	
	ame of Signer (Print or Type): It le of Signer (Print or Type): President		7 7		
_					

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

SEC 1972 (5/91)

	E. STATE SIGNATURE	
	c), (d), (e) or (f) presently subject to any of the disqualification provisions	Yes No X
	See Appendix, Column 5. for state response.	
2. The undersigned issuer hereby undertakes to 239,500 at such times as required by state law.	o furnish to any state administrator of any state in which this notice is filed, a notice	e on Form D (17 CFR
3. The undersigned issuer hereby undertakes to	o furnish to the state administrators, upon written request, information furnished by	y the issuer to offerers.
4. The undersigned issuer represents that Exemption ULOE) of the state in which this notions have been satisfied.	the issuer is familiar with the conditions that must be satisfied to be entitled to ce is filed and understands that the issuer claiming the availability of this exemption ha	the Uniform limited Offering as the burden of establishing that
The issuer has read this notification and kno person.	ws the contents to be true and has duly caused this notice to be signed on its behalf by	the undersigned duly authorized
Issuer Print or Type): WPCS International Incorporated	Signature Maddle Date 1/10/2	2003
Name of Signer [Print or Type]:	Title of Signer (Print or Type)	

Instruction:

Andrew Hidalgo

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

	non-acc	to sell to credited rs in State -Item I)	Type of security and aggregate offering price offered in State (Part C - Item I)	Type of invest	or and amount p	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item I)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL		X							
AK		X							
ΑZ		X							
AR		X							
CA		X	Stock exchange	5	2,486,000 common shares				X
СО		Х							
CT		X							
DE		X							
DC		X							
FL		X							
GA		Х							
НІ		Х							
ID		X							
IL		X							
IN		X							
IA		Х							
KS		X							
KY		X							
LA		Х				<u> </u>			
ME		Х							
MD		X							
MA		Х							
МІ		Х							
MN		Х						·	
MS		Х							
МО		Х							

APPENDIX

	Intend to non-acco investors (Part B-	redited s in State	Type of security and aggregate offering price offered in State (Part C - Item I)	Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item I)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT		Х						<u></u>	
NE		Х							
NV		Х							
NH		Х							
NJ		Х							
NM		X							
NY		Х							
NC		Х							
ND		Х							
ОН		Х							
OK		Х							
OR		Х			,				
PA		X							
RI		X							
SC		Х							
SD		Х							
TN		X							
TX		X							
UT		Х							
VT		Χ							
VA		Х							
WA		Х							
WV		Х							
WI		Х							
WY		Х							
PR		Х				·			